

LIMITED ENGLISH QUESTIONNAIRE

Directions: Complete this form to assist the LSC in determining whether a child who exhibits Limited English Proficiency should receive a Comprehensive Assessment and to aid in determining whether the child has a disability.

This questionnaire may be completed by the student's regular education teacher, speech/language pathologist, psychologist, psychometrist, special education teacher, or other person who has knowledge of the child's speech/language abilities.

Identifying Information

Student's Name: _____ Date of birth: _____ Age: _____

Address: _____ Phone #'s: _____

School: _____ Teacher: _____ Grade: _____

Child's place of birth: _____

Parent's Name: _____

Employer: _____ Phone #: _____

Form completed by: _____ Position: _____

Was interpreter used: No ___ Yes ___ Name: _____

Relationship to child: _____

Others living in the home and their relationship to the child:

_____	_____
_____	_____
_____	_____
_____	_____

Family Background

- A. The primary language spoken in the home: _____
Proficiency level of the child in this language: _____
Parents' native language: _____
Proficiency level of the child in this language: _____
Proficiency level of the child in English: _____

- B. The parents use their native language when:
_____ giving directions.
_____ conducting business.
_____ providing discipline.
_____ engaging in intimate family conversations.
_____ discussing topics of interest.

C. The child communicates in the family's native language:

_____ at home.

_____ at school.

_____ to make his needs known.

_____ to share his thoughts and concerns.

D. Who in the home does not speak English?

How much time does each spend communicating with the child in a language other than English?

How much time has each of these family members spent in this country?

Child's Personal and Educational Background

A. List the child's preschool experiences: _____

List the primary language(s) spoken by preschool caregivers: _____

B. Describe attempts to teach the student English during preschool or school experiences:

C. Has the child been enrolled in an English as a Second Language (ESL) class (not tutoring)?

___ No ___ Yes

When: _____ Where: _____ How long: _____

D. List other regular education services that have been offered to instruct the student in English:

___ Tutoring ___ Interpreter ___ English instruction

Test Administration

A. The child understands and speaks English well enough for valid and reliable testing to be conducted in English: ___ No ___ Yes

B. Adaptations in testing are required: ___ No ___ Yes Describe adaptations needed:

Using An Interpreter

A. Will an interpreter be needed for testing? ____ No ____ Yes

B. Is a family member available to act as an interpreter? ____ No ____ Yes

Name of interpreter? _____

C. Does the interpreter speak the same dialect as the child and family? ____ No ____ Yes

Language Observation

A. The child has been observed in a natural setting interacting and speaking with significant others (family members, friends, class mates, etc.). ____ No ____ Yes

B. The child appears to exhibit language difficulties in his native language. ____ No ____ Yes

How was this determined? _____

Additional Information

Informant's Signature: _____ **Date:** _____

Interviewer's Signature: _____ **Date:** _____